

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900

STATE MS.-DE SOTO CO.
WARRANTY DEED FILED
Aug 20 2 47 PM '02

Patricia A. May, a Single Person
GRANTOR

BK 426 PG 466
W.E. DAVIS CH. CLK.

to:

Jerry L. Fairbanks and wife, Elizabeth Fairbanks
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Patricia A. May, a Single Person does hereby sell, convey, and warrant unto Jerry L. Fairbanks and wife, Elizabeth Fairbanks, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 919, Section "E", Greenbrook Subdivision, in Section 19, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 44-45, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, NORMA'S A. MAY, departed this life on MAY 20, 1999 while an adult resident citizen of DE SOTO County, MS as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 9, Pages 44-45 and Book 410, Page 185.

Taxes for the year 2002 are to be paid by Grantees and possession is to be given with receipt of Deed.

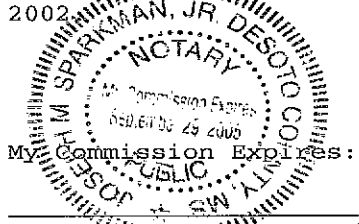
WITNESS the signature of the Grantors, this the 15th day of August, 2002.

Patricia A. May
Patricia A. May

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Patricia A. May, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 15th day of August, 2002



[Signature]
Notary Public

GRANTOR'S ADDRESS:

4020 THYATIRA RD
SENATOBIA MS 38668

Work Phone #: N/A

Home Phone #: 662-301-2200

GRANTEE'S ADDRESS:

8281 Old Forge Road
Southaven, Mississippi 38671

Work Phone #: 217-864-3669

Home Phone #: 217-864-3669

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 0426PG0468

TYPE OR PRINT
WITH BLACK INK ☒

FILING DATE **JUN 09 1999**

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **12399-009467**

DECEASED

1. NAME NORRIS ALBERT MAY		2. SEX MALE		3a. HOUR OF DEATH 5:23 A m.		3b. DATE OF DEATH (Month, Day, Year) MAY 20, 1999	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 62 Years		5b. MOS 12		5c. DAYS 12	
7b. CITY OR TOWN OF DEATH SOUTHAVEN		6. DATE OF BIRTH (Month, Day, Year) Jan. 7, 1937		7a. COUNTY OF DEATH DESOTO		7c. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT	
8. DECEDENT'S EDUCATION (Specify only highest grade completed) High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Patricia Morgan		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 428-60-0567		15a. USUAL OCCUPATION (Kind of work done most of working life) Foreman		15b. KIND OF BUSINESS OR INDUSTRY Construction	
16a. RESIDENCE—STATE Mississippi		16b. CITY OR TOWN Southaven		16c. INSIDE CITY LIMITS (Specify Yes or No) Yes		16d. STREET AND NUMBER OR RURAL LOCATION 8281 Old Forge Rd.	

PARENTS

17. FATHER—NAME Grover Cleveland May		18. MOTHER—NAME Bernice Chapel	
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INFORMANT

19a. INFORMANT—NAME (Type or print) Patricia May		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8281 Old Forge Rd., Southaven, MS 38671	
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Memorial Park Southwoods		20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER [Signature] 4022	
21b. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER Brantley Funeral Home 17R		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Bx 428, Olive Branch, MS 38654-0428					

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) STEPHEN HELTON, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) 01 MAY 20, 1999		22c. PRONOUNCED DEAD (Hour) AT 5:23 A m	
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) STEVAN HIMMELSTEIN, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 SOUTHCREST CR. #211 SOUTHAVEN, MS 38671	
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Mississippi State Board of Health
Form No 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) myocardial infarction		24b. DATE SIGNED (Month, Day, Year) 6/4/99		24c. STATE LICENSE NUMBER 12664		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated myocardial infarction		24f. DATE SIGNED (Month, Day, Year) 6/4/99		24g. DATE SIGNED (Month, Day, Year)		24h. TITLE	

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: (a) myocardial infarction DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) ventricular fibrillation DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) coronary artery disease		Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death	
27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

JUN 24 99

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

WARNING:

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